

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|-----------------------|
| ACCOUNT BILLED |
| MCFARLAND & HULLINGER |

| |
|---------------------|
| PROJECT NAME |
| MH-1 CALCITE QUARRY |

| |
|---|
| PROJECT ID |
| S450029  |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 07/29/2005 | \$ 150 | \$ 150 |

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
| |

| |
|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

| | |
|-------------------|-------|
| Change of Address | |
| Contact | _____ |
| Address | _____ |
| E-Mail Address | _____ |
| State | Zip |
| Phone | _____ |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining

RECEIVED

JUL 08 2005

DIV. OF OIL, GAS & MINING

